

BILL HUIZENGA
4TH DISTRICT, MICHIGAN



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HOLLAND, MI 49423
PHONE: 616-251-6741

Privacy Act Release Form

Date _____

Dear Congressman Huizenga,

I request your assistance in resolving the problem(s) I am having with the U.S. Department of State Passport Agency.

In accordance with the Privacy Act of 1974, I authorize Congressman Bill Huizenga and his staff to forward correspondence, discuss the matter, and request and receive pertinent information from the agency listed above to seek resolution of my problem. The information I have provided is true and accurate.

Applicant:

Name (First, Middle, Last): _____

Date of Birth: _____ Date Application was filed: _____

Social Security Number _____ Date of Travel: _____

Application/Record Locator: _____ Paid Expedite Service Fee? ☐ YES ☐ NO

Priority/Overnight Mailing Service? ☐ YES ☐ NO if yes, tracking number of package: _____

Address: _____ City/State: _____ Zip _____

Email: _____ Phone (Home/Cell): _____

Minor Child Application? ☐ YES ☐ NO if yes, Legal Guardian/Parent Name: _____

Legal Guardian/Parent Signature: _____

Briefly describe the issue you are requesting assistance with, and specifically identify what problem (s) you need resolved.

Attach any pertinent documents related to your case including proof of travel (flight or hotel confirmation):
